

(1) Name of Person Filing : \_\_\_\_\_  
 Phone Number(s): \_\_\_\_\_ / \_\_\_\_\_  
 In this case I am ☐ Petitioner or ☐ Respondent Or ☐ represented by Attorney  
 (IF) Attorney, Name: \_\_\_\_\_ Bar No.: \_\_\_\_\_  
 Atty. Email: \_\_\_\_\_ Atty. Phone: \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
 IN MARICOPA(2) COUNTY**

**PARENT'S WORKSHEET FOR CHILD SUPPORT**

(3) Petitioner \_\_\_\_\_ (4) Case No. \_\_\_\_\_

(3) Respondent \_\_\_\_\_ (4) ATLAS \_\_\_\_\_

(5) Total Number of Children: \_\_\_\_\_

(6) Parent with Primary Custody: Father ☐ Mother ☐

(7) Parent who is filing this form: Father ☐ Mother ☐

(8) Gross Income figures for the OTHER PARENT are:

- ☐ **ACTUAL**, with proof, such as a recent W2 or pay stub attached, or other party's signed statement.  
☐ **ESTIMATED**, based on facts or knowledge of pay before promotion or of others in similar job.  
☐ **ATTRIBUTED**, based on what other party could and should be earning (see Guidelines 4e).

	<b>FATHER</b>		<b>MOTHER</b>
<b>Gross Income</b> (Pre-Tax Income. Before deductions.)	\$ _____	(9)	\$ _____
Spousal Maintenance Paid	\$ -	(10)	\$ -
Spousal Maintenance Received	\$ +	(11)	\$ +
Child Support Paid/Contributed	\$ -	(12)	\$ -
Support of Other Children Paid	\$ -	(13)	\$ -
<b>Adjusted Gross Income</b>	\$ _____	(14)	\$ _____
Combined Adjusted Gross Income	(15)	\$	_____
<b>Basic Child Support Obligation</b>	(16)	\$	_____
<b>Plus Costs for:</b>			
Medical/Dental/Vision Insurance	\$ _____	(17)	\$ _____
Childcare	\$ _____	(18)	\$ _____
Education Expenses	\$ _____	(19)	\$ _____
Extraordinary/Special Needs Child Expenses	\$ _____	(20)	\$ _____
No. of Children Age 12 or Over _____ Adjustment _____ %	(21)	\$	_____
Total Adjustments for Costs	(22)		_____
Total Child Support Obligation	(23)	\$	_____

	<b>FATHER</b>		<b>MOTHER</b>	
Each Parent's % of Combined Income	_____	%	(24)	_____ %
Each Parent's Share of Tot. Support Obligation	\$ _____		(25)	\$ _____

**Adjustment for Non Custodial Parent's Costs Associated with Parenting Time**Using Table A ☐ Table B ☐ (26)

No. of Days \_\_\_\_\_ = \_\_\_\_\_% Adjustment (from table)

x Line (16) \$ \_\_\_\_\_ (Basic Child Support Obligation) \$ \_\_\_\_\_ (27) \$ \_\_\_\_\_

**Less Noncustodial Parent's Costs for:**

Medical/Dental/Vision Insurance\* \$ \_\_\_\_\_ (28) \$ \_\_\_\_\_

Childcare\* \$ \_\_\_\_\_ (29) \$ \_\_\_\_\_

Education Expenses\* \$ \_\_\_\_\_ (30) \$ \_\_\_\_\_

Extraordinary/Special Needs Child Expenses\* \$ \_\_\_\_\_ (31) \$ \_\_\_\_\_

\*Subtract here ONLY if ADDED-IN items 17-20 above

Adjustments Subtotal \$ \_\_\_\_\_ (32) \$ \_\_\_\_\_

Preliminary Child Support Amount \$ \_\_\_\_\_ (33) \$ \_\_\_\_\_

**Self Support Reserve Test for Parent Who Will Pay**

Amount from Line (14) (Adj. Gross Inc.)

Minus Reserve Amount - \$775

Total = \$ \_\_\_\_\_ (34) \$ \_\_\_\_\_

Child Support to be Paid by: Father ☐ Mother ☐ \$ \_\_\_\_\_ (35) \$ \_\_\_\_\_

Share of Travel Expenses Related to Parenting Time\* \_\_\_\_\_ % (36) \_\_\_\_\_ %

\*Only for expenses related to travel over 100 miles, one way.

Share of Medical/Dental/Vision Costs Not Paid by Insurance \_\_\_\_\_ % (37) \_\_\_\_\_ %

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: \_\_\_\_\_  
Date\_\_\_\_\_  
Signature of Parent